

TECHNICAL CHANGES TO APPROVED PRELIMINARY SUBDIVISION PLANS

APPLICATION



January 1, 2015

Beginning July 1, 2012, per Ordinance O12-19, a 2.75% technology fee will be assessed and collected on the total fees for all new and resubmitted applications until **June 18, 2017.**

Stafford County Department of Planning & Zoning

**1300 Courthouse Road
P.O. Box 339
Stafford, VA 22555-0339**

**Phone: (540) 658-8668
Fax: (540) 658-6824**

www.staffordcountyva.gov

**TECHNICAL CHANGES TO APPROVED
PRELIMINARY SUBDIVISION PLANS**

Submittal and Approval Process

1. Submit this application and a letter requesting the change(s) addressed to Jeffrey A. Harvey, AICP, Director, Department of Planning & Zoning in accordance with Section 22-67 (attached) of the Stafford County Subdivision Ordinance.
2. Submit **six (6) copies** of the plan clearly highlighting or bubbling the proposed changes with **one copy of the approved preliminary subdivision plan including the A/P number**.
3. The request(s) will be reviewed and a decision rendered via email within ten (10) business days of receipt of the request(s). Comments can be viewed on the Integrated Web Response System (IWR) at <http://hello.stafford.va.us>.
4. The engineer/surveyor makes changes to the plan and resubmits plans subject to the conditions listed in the letter of approval or denial. If approved, the letter shall be embedded in the signature set of plans.
5. Once the signature set of approved plans are submitted for Jeffrey A. Harvey's signature, you will be notified when they are available for retrieval. Approved copies of the plan shall be picked up by the applicant and distributed to appropriate agencies by county staff.

***TECHNICAL CHANGES TO APPROVED PRELIMINARY
SUBDIVISION PLANS DO NOT EXTEND THE VESTING OF THE
APPROVED PRELIMINARY SUBDIVISION PLAN!***

Application Submittal Checklist

- ☐ Completed **"Project Information & Primary Contacts"** form
- ☐ Completed **"Detailed Project Description"**
- ☐ Completed **"Fee Calculation"** sheet and appropriate fees payable to "County of Stafford" **including the 2.75% TECHNOLOGY FEE.**
- ☐ Signed **"Statements of Understanding"** from the owner(s) and applicant
- ☐ Six (6) 24"x 36" sets of plan for review and signature sets

RECEIVED

DATE: _____ INITIALS _____

OFFICIALLY SUBMITTED

DATE: _____ INITIALS _____

Project Information & Primary Contacts

Major SP	<input type="checkbox"/>	Cluster Concept Plan	<input type="checkbox"/>
Infrastructure Plan	<input type="checkbox"/>	Preliminary Plan	<input type="checkbox"/>
Minor SP	<input type="checkbox"/>	Construction Plan	<input type="checkbox"/>
Grading Plan	<input type="checkbox"/>	Technical Change	<input type="checkbox"/>

Minor Plat	<input type="checkbox"/>	Final Subd. Plat	<input type="checkbox"/>
BLA/DED/VACA	<input type="checkbox"/>	Family Subd. Plat	<input type="checkbox"/>

PROJECT INFORMATION

PROJECT # _____

PROJECT NAME _____

SECTION _____

ADDRESS (IF AVAILABLE) _____

TOTAL SITE ACREAGE _____

TAX MAP /PARCEL(S) _____

ZONING DISTRICT _____

LOCATION OF PROJECT _____

APPLICANT/AGENT

Primary Contact Person ☐

NAME _____

COMPANY _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE NUMBER _____

FAX NUMBER _____

EMAIL ADDRESS _____

OWNER (Provide attachments if multiple owners)

Primary Contact Person ☐

NAME _____

COMPANY _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE NUMBER _____

FAX NUMBER _____

EMAIL ADDRESS _____

PROFESSIONAL (Engineer, Surveyor, etc.)

Primary Contact Person ☐

NAME _____

COMPANY _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE NUMBER _____

FAX NUMBER _____

EMAIL ADDRESS _____

Detailed Project Description

CLEARLY INDICATE ALL INFORMATION THAT APPLIES TO THIS PROJECT:

DETAILED PROJECT DESCRIPTION EXPLAINING REASON FOR TECHNICAL CHANGE

(include supporting documentation)

REQUIRED CALCULATIONS

_____ # of Lots

APPROVED PRELIMINARY SUBDIVISION PLAN

A/P # _____

Are/were there any **CONDITIONS** associated with this application?

Please provide Project Application Number below:

Conditional Use Permit(s)	<input type="checkbox"/> YES, # _____	<input type="checkbox"/> NO
Resolution(s)	<input type="checkbox"/> YES, # _____	<input type="checkbox"/> NO
Rezoning(s)	<input type="checkbox"/> YES, # _____	<input type="checkbox"/> NO
Ordinance(s)/Proffers	<input type="checkbox"/> YES, # _____	<input type="checkbox"/> NO
Zoning Appeal(s), Variance(s)	<input type="checkbox"/> YES, # _____	<input type="checkbox"/> NO
Special Exception(s)	<input type="checkbox"/> YES, # _____	<input type="checkbox"/> NO
Waiver(s), Appeal(s), Exception(s)	<input type="checkbox"/> YES, # _____	<input type="checkbox"/> NO

Fee Calculation

***Total application fee is for the administrative process and review of this application, and does not constitute approval of the Technical Changes to Approved Preliminary Subdivision Plans.

A. Base Fee	<u>\$ 500.00</u>
Technology Fee (+2.75%)	<u>\$ 13.75</u>
TOTAL FEE DUE	<u>\$ 513.75</u>

Per Ordinance O12-19, a 2.75% technology fee will be assessed and collected on the total fees for all new and resubmitted applications until June 18, 2017.

THE ABOVE FEES ARE TO BE MADE PAYABLE TO: **COUNTY OF STAFFORD**

Statements of Understanding

I, as owner/co-owner of the property subject to this application, do hereby certify that I have read and understood the requirements of this submission of technical changes to preliminary subdivision plans for review and approval as provided under the Subdivision Ordinance, Chapter 22 of the Stafford County Code, and further, that this submittal is in compliance with the requirements and applicable provisions of the Zoning Ordinance for the zoning districts in which this project is located.

Signature of Owner/Co-Owner	Printed Name	Date
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Signature of Owner/Co-Owner	Printed Name	Date
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Signature of Owner/Co-Owner	Printed Name	Date
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I, as applicant or agent for the owner(s) of the property subject to this application, do hereby certify that I have submitted this application for technical changes to preliminary subdivision plans for review and approval as provided under the Subdivision Ordinance, Chapter 22 of the Stafford County Code, and further, that this submittal is in compliance with the requirements and applicable provisions of the Zoning Ordinance for the zoning districts in which this subdivision is located.

Signature of Applicant/Agent	Printed Name	Date
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